



## **Administrative Policies and Procedures: 31.4**

### **Subject: Anonymous Voluntary Abandonment of Unharmed Newborn Infant**

Supersedes: None

**Local Policy: No**

**Local Procedures: No**

**Training Required: No**

**Approved by:**

*Page D. Walley, Ph.D.*

**Effective date: 08/01/02**

**Revision date:**

### **Application**

To All Department of Children's Services Employees and Contract Service Providers

**Authority:** TCA 37-5-106; Public Acts 2001, Chapter No

### **Policy**

Tennessee law provides for a birth mother to voluntarily deliver, or anonymously relinquish custody of, an unwanted newborn infant under a strictly outlined procedure, recognizing the need to provide support for the abandoned newborn infant while protecting the rights of all other parties involved. The Department of Children's Services will respond promptly to the report by a medical facility of an unharmed newborn infant, less than 72 hours after birth, who has been abandoned by the birth mother at a medical facility, e.g., hospital, community health clinic or any outpatient "walk-in" clinic. Child Protective Services (CPS) staff shall initiate immediate response to such a referral. Upon investigation by CPS staff, the Department shall not classify the allegation as indicated abuse or neglect if the circumstances of the abandonment meet certain statutory criteria. In addition, the Department shall seek a safe and permanent home for the newborn infant at the earliest possible date.

### **Procedures**

#### **A. Abandonment cases meeting statutory requirements**

1. The infant must be aged 72 hours old or younger and must not have been harmed by the statutory parent, and
2. The birth mother must have left the newborn infant by voluntary delivery to a medical facility without expressing any intention to return for the infant.

**B. Response protocol**

**1. Response Priority Level – Priority I Response**

Upon notification by the medical facility, the CPS case manager shall immediately assume the care, custody and control of the newborn infant.

**2. Information Gathering (Investigation)**

The CPS case manager shall:

- a) Meet with the member of the professional medical community who received the newborn infant at the facility.
- b) Determine the day and time the infant was brought to the medical facility.
- c) Obtain written proof of the newborn infant's age and medical condition from the member of the professional medical community charged with making such determinations.
- d) Seek any information about the infant and the birth mother that can be provided by the person making the report.
- e) No contact shall be sought with the birth mother, birth father or any other relatives so long as the facts support the criteria outlined in the original referral.

**3. Classifying the Case**

- a) The CPS case manager will record the case as an alleged abandonment.
- b) The case will not be referred to CPIT or CART.
- c) CPS will classify the allegation of abandonment as "unfounded."
- d) An incident report will be reported through the Department's regular incident reporting system as outlined in Administrative Policies and Procedures Policy 1.4 "Incident Reporting". A copy of the incident report is to be sent to the Director of Child Protective Services.

**C. Legal referral**

The CPS case manager will work with the local DCS attorney to file the appropriate court documents and will attend court hearings as necessary.

**D. Placement of the infant**

1. For those infants referred within normal working hours, the CPS case manager shall make an immediate referral to the Adoption Services team.
2. After normal business hours, on holidays or on weekends, the CPS case manager shall first facilitate the placement of the newborn infant in a foster home. On the first working day, the CPS case manager shall make an immediate referral to the Adoption Services team.
3. At the point of referral, the Adoption Services case manager will immediately convene an Adoption Selection Committee, select the family for the child and place the child in a legal risk home in accordance with the Adoption Services Procedures Manual, "Adoptive Placement Services".
4. The child may be placed in or remain in a foster care setting for a period of 72 hours to allow for the selection of the legal risk placement, allow time to present the child information to the legal risk family, and to allow the family to make an informed decision about the child presented to them. If for any reason the placement of the child cannot be made within this 72-hour period, a placement plan must be presented to the Regional Administrator and area Assistant Commissioner for review and approval. The placement plan must indicate timelines and specific actions to be taken to reach legal risk placement

**E. Follow-up**

1. The Adoption Services case manager shall continue to document whether the birth mother has made any contact with the Department or whether she has revoked her voluntary delivery of the child.
2. Within ten (10) days of the voluntary delivery by the mother to the medical facility, the Department shall publish a notice in the newspaper seeking to notify the child's father of his opportunity to file with the putative father registry, notify the mother of her right to revoke the voluntary delivery of the child, and shall state that failure to seek contact with the infant through the Department or to revoke the voluntary delivery within thirty (30) days of the last publication shall constitute an abandonment of the infant.
3. The Adoption Services case manager will staff the case with the DCS attorney after thirty (30) days (counted from the date of the mother's voluntary delivery) to determine the next step in the legal process.
4. Any contact by the mother or father or by any person claiming to be the mother or father must be reported

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immediately to the DCS attorney.

5. If the mother or father wishes to revoke their voluntary delivery, the case should immediately be staffed with the DCS attorney and consideration should be given to all legal options including the filing of an emergency petition if there are serious concerns about the parents.

### **F. Abandonment cases not meeting statutory requirements**

If the facts of the case as to the infant's age or condition so dictate or if either of the birth parents revokes the voluntary delivery of the infant, the case will be handled according to DCS policy [14.5, Investigation of Alleged Child Abuse and Neglect](#).

## **Forms**

### **Form/Publication numbers pending:**

- CS- Legal Publication Notice
- CS- Information to Mother - Pamphlet

## **Collateral Documents**

*Case Documentation*

*Information Sheet from the Health Care Facility*

## **Standards**

None

## **Glossary**

<b><i>Term</i></b>	<b><i>Definition</i></b>
<b><i>Abandoned Baby</i></b>	The voluntary delivery by a mother of an unharmed infant aged seventy-two (72) hours or younger to a health care facility employee at such facility. The mother must deliver the baby without expressing any intention that she desires to have the baby returned.
<b><i>CART</i></b>	<u>Child Abuse Review Team</u> ; a legally mandated multi-disciplinary advisory team to provide case reviews and consultation for all cases in which DCS reports to the juvenile court a finding of

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indicated child abuse.

***CPIT***

Child Protective Investigation Team; A multi-disciplinary team that conducts an investigation of alleged sexual abuse or other severe child abuse.

***Facility***

Any hospital as defined by T.C.A. 68-11-201(21), birthing center as defined by T.C.A. 68-11-201(6), community health clinic, and any outpatient "walk-in" clinic.

***Legal Risk Home***

A foster home placement with an approved adoptive family who has been advised of the child's legal status (the parent's rights have not yet been terminated, but termination appears imminent), and this family has been specially trained to deal with this situation and stands ready to adopt if adoption becomes possible.

***Member of the  
Professional  
Medical  
Community***

The licensed, or permitted, individuals or institutions capable of rendering corrective action to human life threatening illness or injury and for the purposes of this law, they must be on the premises of the facility in order to be able to accept the voluntary delivery of the baby.